

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Philippe ROUANET et al.

Title: Percutaneous Composition Comprising 4-Hydroxy Tamoxifen

Appl. No.: 10/734,638

Filing Date: 12/15/2003

Examiner: Deirdre Renee Claytor

Art Unit: 1617

Confirmation 9056

Number:

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

[] Assertion of Small Entity status is enclosed.

[X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Additional Rate		Claims Fee	
Total Claims:	8	-	38	=	0	x	\$52.00	=	\$0.00	
Independent Claims:	1	-	3	=	0	x	\$220.00	=	\$0.00	
First presentation of any Multiple Dependent Claims:				+	\$390.00	=			\$0.00	
					CLAIMS FEE TOTAL	=			\$0.00	

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[] Extension for response filed within the first month:	\$130.00	\$0.00
[] Extension for response filed within the second month:	\$490.00	\$0.00
[X] Extension for response filed within the third month:	\$1,110.00	\$1,110.00
[] Extension for response filed within the fourth month:	\$1,730.00	\$0.00
[] Extension for response filed within the fifth month:	\$2,350.00	\$0.00
	EXTENSION FEE TOTAL:	\$1,110.00
[X] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$140.00	\$140.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:	\$1,250.00
[X] Small Entity Fees Apply (subtract ½ of above):		\$625.00
	Extension Fees Previously Paid:	\$0.00
	TOTAL FEE:	\$625.00

A credit card payment form in the amount of \$625.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date July 1, 2009

FOLEY & LARDNER LLP
Customer Number: 22428
Telephone: (202) 295-4094
Facsimile: (202) 672-5399

By Courtenay C. Brinckerhoff

Courtenay C. Brinckerhoff
Attorney for Applicant
Registration No. 37,288